



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 01 2018

BY

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1. Entity ID Number 104499		2. Exact name of the Corporation DANCE CREATIONS, INC.			
3. Principal Office Address 64 GLENDALE AVENUE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island Operate a dance school			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAWN GARIEPY			Vice-President Name DAWN GARIEPY		
Street Address 64 GLENDALE AVENUE			Street Address 64 GLENDALE AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name DAWN GARIEPY			Treasurer Name DAWN GARIEPY		
Street Address 64 GLENDALE AVENUE			Street Address 64 GLENDALE AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAWN GARIEPY			Director Name		
Street Address 64 GLENDALE AVENUE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative DAWN GARIEPY					Date 4/1/29/18
Signature of Authorized Representative <i>Dawn R. Gariepy</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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